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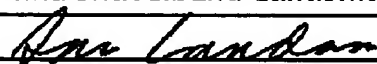
PTO/SB/21 (09-04)

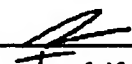
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<b>TRANSMITTAL FORM</b>		Application Number	10/768,996
		Filing Date	January 30, 2004
		First Named Inventor	Srivastava
		Art Unit	1632
		Examiner Name	Not Known
		Attorney Docket Number	CHMG-10
(to be used for all correspondence after initial filing)		Total Number of Pages in This Submission	2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Inna Shtivelband Landsman, P.C.		
Signature			
Printed name	Inna Landsman		
Date	6/27/05	Reg. No.	44337

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Inna Landsman	Date 6/27/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/768,996
Filing Date	January 30, 2004
First Named Inventor	Srivastava
Art Unit	1632
Examiner Name	Not known
Attorney Docket Number	CHMG-10

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number **35793**

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

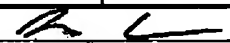
The reasons for this request are:

The petitioner's client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time. This request is made pursuant to 37 C.F.R. 10.40(c)(vi).

**CORRESPONDENCE ADDRESS**

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<input checked="" type="checkbox"/> Firm or Individual Name	Suresh C. Srivastava, Ph.D.				
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Country	USA				
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Signature					
Name	Inna Landsman			Registration No.	44337
Date	6/27/05			Telephone No.	781-648-0375

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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